



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

DEC 10 AM 9:21

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.
NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

ABC ENTERPRISES

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name | Complete Address |
|-------------------------|----------------------------|
| <u>DENNIS L. WHITED</u> | <u>P.O. Box 1904</u> |
| <u>PATRICK FEE</u> | <u>P.O. Box 1904</u> |
| | <u>LEWISTON, ID. 83501</u> |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
700 West Jefferson
Basement West
PO Box 83720
Boise ID 83720-0080
208 334-2301

4. The name and address to which future correspondence should be addressed:

DENNIS L. WHITED
PATRICK FEE
P.O. Box 1904, LEWISTON, ID. 83501

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Phone number (optional):
208-743-5968 (HOME)
208-816-2210 (CELL)

Secretary of State use only

Signature: _____

(signature required)

Printed Name: DENNIS L. WHITED

Patrick Fee

Capacity/Title: PARTNERS

(see instruction # 8 on back of form)

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Rev 06/2003

IDAHO SECRETARY OF STATE
12/10/2007 05:00
CX: 2102 CT: 220296 BH: 1000009
1 @ 25.00 = 25.00 ASSUM NAME # 2

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